

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-019533

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 87

Primary Registration District No. 4565

Registrar's No.

VS 300
Rev. 4/59

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 87
FILED MAY 22 1963

1. PLACE OF DEATH

a. COUNTY

Crawford

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Sullivan

Length of stay in 1b

2 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Sullivan Comm. Hosp.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Franklin

c. CITY

OR TOWN

Sullivan

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

43 Selby

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Audria

Middle

Young Calvin

Last

4. DATE OF DEATH

Month

Day

Year

May 18, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1/16/1906 57

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lumber Co. Foreman

10b. KIND OF BUSINESS OR INDUSTRY

Lumber

11. BIRTHPLACE (City and state or country)

Sullivan, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Calvin

13b. MOTHER'S MAIDEN NAME

Amanda Russell

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

82

17. INFORMANT

Henry Calvin, Sullivan, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

(Refractory) Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

5 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial Infarction

5 days

DUE TO (c)

Advanced Arteriosclerotic Disease

10 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Alcoholism; Previous Cerebral Thrombosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 17 MAY '63 to 18 MAY 63 and last saw her/him live on 18 MAY 63
Death occurred at 17 MAY 63 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

R. H. Gien M.D.

22b. ADDRESS

Sullivan, Mo.

22c. DATE SIGNED

20 MAY 63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/21/1963

23c. NAME OF CEMETERY OR CREMATORY

Stanton Cemetery

23d. LOCATION (City, town, or county)

Stanton, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

H.M. Eaton, Sullivan, Mo.

25. DATE RECD. BY LOCAL REG.

May 20, 1963

26. REGISTRAR'S SIGNATURE

William Cowan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 24 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student: _____

Signature of Student Embalmer

Signed

Harrison M. Eaton

Licensed Embalmer No. 5066

P. O. Address Shelton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.